

STATEMENT OF ECONOMIC INTERESTS

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FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

MAR 29 2013

Please type or print in ink.

NAME OF FILER

(LAST) 2013 APR 11 AM 11:27 (FIRST) (MIDDLE)
WARDEN, DAVID PHILLIP

BELMONT CITY MANAGER

1. Office, Agency, or Court

Agency Name

CITY OF BELMONT

Division, Board, Department, District, if applicable

Your Position

CITY COUNCIL MEMBER

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ Multi-County _____☐ County of _____☒ City of BELMONT☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2012.

☐ The period covered is January 1, 2012, through the date of leaving office.☐ Assuming Office: Date assumed ____/____/____☐ The period covered is ____/____/____, through the date of leaving office.☐ Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

☐ Schedule A-1 - Investments - schedule attached☐ Schedule C - Income, Loans, & Business Positions - schedule attached☒ Schedule A-2 - Investments - schedule attached☒ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I have used all reasonable diligence in preparing this statement. I have verified the information herein and in any attached schedules is true and complete. I acknowledge the penalties for false or misleading information.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/29/2013

(month, day, year)

Signature

(File the originally signed statement with your filing official.)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name
WARDEN, DAVID

1. BUSINESS ENTITY OR TRUST

Name
SOFTWARE ESSENTIALS
951 OLD COUNTY RD, #188 BELMONT CA 94002
Address (Business Address Acceptable)
Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
software engineering/consulting
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$0 - \$1,999 ☐ / / **12** ☐ / / **12**
☐ \$2,000 - \$10,000 ☐ ACQUIRED ☐ DISPOSED
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000
NATURE OF INVESTMENT
☐ Partnership ☒ Sole Proprietorship ☐ Other
YOUR BUSINESS POSITION **owner**

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☒ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☒ None

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000 ☐ / / **12** ☐ / / **12**
☐ \$10,001 - \$100,000 ☐ ACQUIRED ☐ DISPOSED
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

Name
Address (Business Address Acceptable)
Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$0 - \$1,999 ☐ / / **12** ☐ / / **12**
☐ \$2,000 - \$10,000 ☐ ACQUIRED ☐ DISPOSED
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000
NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ Other
YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

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☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None

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☐ Leasehold Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

SCHEDULE D
Income – Gifts

Name

WARDEN, DAVID

► NAME OF SOURCE (Not an Acronym)

GOLD MEDAL STUDIOS

ADDRESS (Business Address Acceptable)

390-F El Camino, Belmont CA 94002

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Martial Arts Studio

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

9/16/12 \$ 200 2012 Olympic Items

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

Comments: _____